

CIPR
MAY 19 2003 JC13
U.S. PATENT AND TRADEMARK OFFICE

RECEIVE

MAY 23 2003

AMENDMENT TRANSMITTAL LETTER				CLIENT-MATTER NO.: TECH CENTER 1600/66797-117 (P-IX 4692)	
SERIAL NO:	FILING DATE:	EXAMINER:	GROUP ART UNIT: 1639 CONFIRMATION NO.: 2981		
INVENTION: METHOD FOR IDENTIFYING OPTIMAL BINDING LIGANDS TO A RECEPTOR					

TO: COMMISSIONER FOR PATENTS CERTIFICATE OF MAILING BY "EXPRESS MAIL"
P.O. Box 1450 *EXPRESS MAIL* MAILING LABEL NUMBER: EV 347 545 785 US
Alexandria, VA 22313-1450 DATE OF DEPOSIT: May 19, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA, 22313-1450.

Rebecca McElveen
Printed Name of Person Mailing Paper or Fee
Rebecca McElveen
Signature of Person Mailing Paper or Fee

Transmitted herewith is a Response to the Office Action mailed November 19, 2002, with Appendix A and Exhibits A through D, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	9	-	20	-	0	x \$9	\$18
INDEPENDENT CLAIMS	1	-	3	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	NO			\$140	\$280
						TOTAL ADDITIONAL FEE	\$0.00
							\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- Please charge my Deposit Account No. 502624 the amount of \$465.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.